As a below named inventor, I hereby declare that:

Approved for use through 10/31/2002. CMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1999, no persons are required to respond to a collection of information unless it contains a valid OMS control number.

#### 4683 10705 Attorney Docket Number **DECLARATION FOR UTILITY OR** Madarasz First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** □ Declaration □ Declaration Filing Date Submitted OR Submitted after Initial Filing (surcharge With Initial **Group Art Unit** (37 CFR 1.16 (e)) Filing required) Examiner Name

My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is eought on the invention entitled:							
Bayesian methods for flo	ow parameter	estimates in magnetic	resonance in	nagine	j		
the specification of which	(Title of	f the Invention)					
is attached hereto							
OR							
☐ was filed on (MM/DD/YYYY)		es United States App	olication Number or	PCT International			
Application Number	Bi	and was amended on (MM/DD/YY	YY)	(i	if applicable).		
hereby state that I have reviewed and specifically referred to above.	understand the cont	ents of the above identified speci	ification, including th	70 claims as amen	ded		
applications, material information which	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 36 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	······	Foreign Filing Date	Priority Not Claimed	Certified Copy			
Number(s)	Country	(MM/DD/YYYY) Country	HO! CINIMAG	YES	NO		
	· —						
		}					
Additional foreign application number	ıra are listed on a su	pplemental priority data sheet PT	'O/SB/02B attached	hereto:			
I hereby claim the benefit under 35 U.S.					~~		
ApplicationNumber(s)		(MM/DD/YYYY)					
60181,823	2/11/2000		Additional g	provisional applic	cation		

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

Please type a plus sign (+) inside this box	+	

PTO/S9/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **DECLARATION** — Utility or Design Patent Application

Direct all corresp	ondence to:		atomer N Bar Cod	lumber e Labei			OR	□ Co	rrespondance address below
Name					$\overline{}$	5241			
Address					PATENT	TRADEMARK OFFICE			
Address								<u> </u>	
City						State		ZIP	
Country			Telepi	none					Fax
helieved to be true:	and further that or imprisonment,	these star or both, a	tements	were made w	vith the	knowledge that willful	faise stater	ments	information and belief are and the like so made are pardize the validity of the
NAME OF SOL	E OR FIRST II	NVENTO	R:			A petition has be	en filed for	this	unsigned Inventor
Given Name Fr	_ = 15 ° 11 · · · · · · · · · · · · · · · · ·								
Inventor's Frank L. Madarasz Date 02/08/01									
Residence: City	,		Sta	te		Country		C	tizenship
Madison			AL			JSA		<u></u> U:	\$A
Mailing Addres	9 121	Yancy R	oad						
Mailing Addres	s								
City		State		Í	ZIP	\	Country		
Madison_		AL			3575	58	USA		
NAME OF SEC	OND INVENT	OR;			Е	A petition has been	n filed for t	his u	nsigned inventor
Given Name Ra	amarao					Family Name Ingur or Surname	/8		
Inventor's Signature	***								
Residence: City	<i>y</i>			State		Country			Citizenship
Huntsville				AL.		USA			USA
Mailing Address 1200 Sinlard Drive									
Mailing Addres	s								
City		State				ZIP		Co	ountry
Huntsville		AL			1	35803		US	A
Additional inventors are being named on the 1 supplemental Additional inventor(s) sheet(a) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box
---

PTO/SB/01 (10.00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

The second second second			of the last			ATTENDED TO THE PARTY OF THE PA		-	
Direct all correspond	dence to:			r Number ode Label			OR		Correspondence address below
Name						75741			
Address			_		PATEN	ZJZTI IT_TRADEMARK OFFICE			
Address			_						
City						State		ZíP	400
Country		7	Telep	phone					Fax
Delieved to be true; and	d further that nprisonment,	it these state: it, or both, un	ednervie	s were made wit	rith the kn	nowledge that willful fale	sa stature	a stne	nformation and belief are and the like so made are pardize the validity of the
NAME OF SOLE (	)R FIRST I	INVENTO	R:			A petition has been	i filed for	this	unsigned inventor
Given Name Frank	Minky (Marine Marine)   Marine   Mari								
inventor's Signature								D	ate
Residence: City	**************************************		Sta	âbe	Cr	ountry		C	itizenship
Madison			AL		US	•		-	SA
Mailing Address	121	Yancy Ro	ad			<i></i>		<u> </u>	
Mailing Address						<b>N</b>	-		
City		State			ZIP	C	Country		
Madison	·	AL			35758	ļ	JSA		
NAME OF SECON	D INVENT					A petition has been fil		iis lir	nsigned inventor
Given Name Rama	180					imily Name Inguva Surname			
Inventor's Signature	N	ama	<u>\</u>	es Jupin	n Dar	2/8/0/			
Residence: City				State	Co	cuntry			Citizenship
Huntsville				AL	j	USA			USA
Mailing Address	1200 Sir	nlard Drive	<u>e</u>						
Mailing Address									
City		State		····	ZIF	p		Co	untry
Huntsville		AL		· • · <u>· · · · · · · · · · · · · · · · ·</u>					-
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached herato.									

[Page 2 of 2]

PAGE 02 EAST WEST ENTR 2265345270 73:11 1002/80/20

		495 -   1669 1 
DECLARATION	्राम्यक्ष्याः स्थापन्यः । १८८८ व्यक्ष्यः स्थापन्यः । १८८८ व्यक्ष्यः स्थापन्यः । १८८८ व्यक्ष्यः । १८८८ व्यक्ष्य १ द्राप्ताः । १८८८ व्यक्ष्यः । १८८८ व्यक्ष	
Name of 3 dutional combinations	. A continue can come their on the manufer investor	
COUNTY INDICED THE SECULO CONDUCTE OF ENTERIN	Camps disente de Companié	
Signature	Stel. 2011	
Baselenen in their	FIRESPANCE CONTRACTOR	,
Malding Address   Transfer grammule ve	•	•
क्षी अर्थनावर को दूरपूर्व काम क		
The Sett State	Alf County	
name of fieldward Joint Invienta, if while	e gasti i kananga kana Kananga kananga kanang	-
13000 Name that and made the	A to a saline in the saline in	
मा रहे भी होता =	•	, "··
Merkedagen & S.J.	** · · · ·	
് സ്വസ്ത് മാഷ്ട്രേജ്	courry Airenside	
Note that seemed as a		
1. mg	. S Inter	
visine of Additional Color Measure	and the second of the second o	
A war with the Mark Contraction of the	San Assault to Telepathe	
'n'iortor's	,	
Papidoneni Etg Germ	Carto Carto	
Milling Address		<b>-</b> .
Mailing Address	·	
	Eq	

Prodes taba & bigs sign (4) presta mis may	,	1.1	i
--	---	-----	---

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0851-0035

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

control number.

POWER OF ATTORNEY OR
<b>AUTHORIZATION OF AGENT</b>

Application Number	TBA	
Filing Date	2/9/2001	
First Named Inventor	Madarasz	
Group Art Unit		
Examiner Name		
Attorney Docket Number	4683 107 05	ــــــــــــــــــــــــــــــــــــــ

	Attorney Docket Number	1653 10103				
I hereby appoint:  ☑ Practitioners at Customer Number  OR ☐ Practitioner(s) named below:		Place designed Number Review Courte Label here 25241				
Name	Regis	ITRATION NUMBERT_TRADEMARK OFFICE				
as my/our attorney(s) or agent(s) to prosecute the						
Trademark Office connected therewith.						
Please change the correspondence address for the The above-mentioned Customer Number.  OR	he above-identified application to	:				
☐ Firm or Individua! Name						
Address	· —· ·					
Address						
City	State	ZIP				
Country						
Telephone	Fax					
I am the:  ☑ Applicant. □ Assignee of record of the entire interest. See 37 CFR 3.71.						
Certificate under 37 CFR 3,73(b) is enclose	c. (Form PTO/S6/96). RE of Applicant or Assignee of	Record				
	A Applicant of Assignes of	1100014				
Name Frank Madarasz	1					
	darasz					
Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ess of separal of the option later	act or their representative(s) are required				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 3 forms are submitted.	*Total of 3 forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Palents, Washington, DC 20231.

PTC/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB
control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	TBA
	Filing Date	2/9/2001
	First Named Inventor	Madarasz
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

		TAtionite	DOCKOL 140	diffices
I hereby app Practition OR Practition	ners at Cus	stomer Number		Piace Carrier Control Number 1997
		Name	İ	Registration Number TRADEMARK OFFICE
-	***			
ļ				
-			· <del> </del>	
		or agent(s) to prosecute the application in sected therewith.	dentified ab	bove, and to transact all busivess in the Patent and
Please chang	e the com	respondence address for the above-iden	dified applic	cation to:
☐ The above	e-mention	ed Customer Number.		
OR				
Firm or Individual	Name			
Address				
Address				
City	****		State	ZIP
Country				
Telephone			Fax	
I am the:				
	int.			
☐ Anairra	ee of room	rd of the entire interest. See 37 CFR 3,	71	
		37 CFR 3.73(b) is enclosed. (Form PTC		
		SIGNATURE of Applic	ent or Assi	lignee of Record
Name	Ramarac	hguva		
Signature	1/0	ue serau	Puv	a
Date	-	2/8/2001	-	
NOTE: Signa	tures of a	all the inventors or assignees of reco	of the	entire interest or their representative(s) are required.
		if more than one signature is requin	d, see be	allore*.
⊠ "Total of	B BIMOL C	NE SUDMINIOU.		

Surden Hour Statement: This form is estimated to talks 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

		in a marketisher	the state of the second
are to the manufacture of the state of the s	migraphia versanie Arritorii	EA	The state of the s
	F harrown reaku	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
POWER OF ATTORNEY OR	Ennal Administration	Mada asz	
AUTHORIZATION OF AGENT	The Market Special State Control of the State Contr		
	The contract of printback		
•	January Contract No. 1866		
Mark May May 19			
Ç₩.	PER-4	- Marine som sign min indican	
· · · · · · · · · · · · · · · · · · ·	The second secon	23241	
1		PATENT TRADEMARK OFF	RICE ;
:			
			1 5 1
			1 + #
			, ! •
me with the observability on statement to observation	те чтомодайсь пастолей опеченый	erata inapasan as inggabaga d	ing Parent and
coadenia: Combe composed marewide			
Picase counce the outerwald thous Adstract to	the apove displaces and business in		
months of the mane. The control of t			
<sup>17</sup> ek	-		
individual Name			
्राचीया स्थाप			
or maken to a			
	Canal	1.50	aria karin anamanin yana dilingga kaling
100 A	•		
Construction	£.20		
`am,na			
And at			
Sandania salama en la come en el estrator a mercina a como mas	7 ST		
•	sed Toom 970/08/96)		
TILENA TO	मंद्र का मामानावता का क्षेत्रकाता का	-Recitari	
Name : cames K, www.	•		• .
ingilature		•	
A TUNE EUCH	overes no includes of all president new con-	regencia di seconda di seletationi	. J. di é · edbhed.
ಿ ವಿಜ್ಞಾನಗಳ ಸಂದಾಭವಾಹ <sup>ತಿ</sup> ರು. ಸಂಭರ್ಗಳಗಳ ಸಂಕರ್ಣದ ಕಾಣ ವೃತ್ತಿಯ	Carlos Rayon de Carlos Car		
indianor 3 forms are submitted	و پر درون اور		

Formularly on the amount of the control of the cont



# **Miscellaneous**

## United States Patent & Trademark Office

Office of Initial Patent Examination -- Scanning Division



Application deficiencies found during scanning:

□ Page(s)	of		were not present
for scanning.		(Document title)	
□ Page(s)	of		were not present
for scanning.		(Document title)	<del>_</del>

Scanned copy is best available. Power of atterney.